

IN THE U.S. PATENT AND TRADEMARK OFFICE
Application Transmittal Sheet

Our Ref./Docket No.: 015685-022

Box Patent Application
ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Dear Assistant Commissioner:

Transmitted herewith is the patent application of

INVENTOR(S)/APPLICANT(S)

Last Name	First Name, MI	Residence (City and State or Country)
Uhlik	Christopher H.	Danville, CA
Trott	Mitchell D.	Mountain View, CA
Alder	Lawrence J.	Mountain View, CA

TITLE OF THE INVENTION

SYSTEM AND METHOD FOR EMERGENCY CALL CHANNEL ALLOCATION

CORRESPONDENCE ADDRESS AND ATTORNEY FOR APPLICANT(S)

Henry K Townsend, Esq., Reg. No. 22,672
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ENCLOSED APPLICATION PARTS (check all that apply)

Included are:

- ☒ 34 sheet(s) of specification, claims, and abstract
☒ 6 sheet(s) of formal Drawing(s) with a submission letter to the Official Draftsperson
☐ Information Disclosure Statement.
☐ Form PTO-1449: INFORMATION DISCLOSURE CITATION IN AN APPLICATION, together with a copy of each references included in PTO-1449.
☐ Declaration and Power of Attorney
☐ An assignment of the invention to ArrayComm, Inc.
☐ A letter requesting recordation of the assignment.
☐ An assignment Cover Sheet.
☐ Additional inventors are being named on separately numbered sheets attached hereto.
☒ Return postcard.

This application has:

- ☐ a small entity status. A verified statement:
☐ is enclosed
☐ was already filed.

The fee has been calculated as shown in the following page.

Certificate of Mailing under 37 CFR 1.10

I hereby certify that this application and all attachments are being deposited with the United States Postal Service as Express Mail (Express Mail Label: EE516848861US in an envelope addressed to Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231 on.

Date: May 24, 1999

Signed: [Signature]
Name: Dov Rosenfeld, Reg. No. 38687


	TOTAL CLAIMS	NO. OF EXTRA CLAIMS	RATE	EXTRA CLAIM FEE
TOTAL CLAIMS	34	14	\$18	\$ 252.00
INDEP. CLAIMS	4	1	\$78	\$ 78.00
BASIC APPLICATION FEE:				\$ 760.00
TOTAL FEES PAYABLE:				\$1,090.00

METHOD OF PAYMENT

- _____ A check in the amount of _____ is attached for application fee and presentation of claims.
 _____ A check in the amount of \$ 40.00 is attached for recordation of the Assignment.
 _____ The Commissioner is hereby authorized to charge payment of the any missing filing or other fees
 required for this filing or credit any overpayment to Deposit Account No. 20-1430
 (A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED):

Respectfully Submitted,

May 24, 1999
Date


Dov Rosenfeld , Reg. No. 38687

[illegible]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Uhlik, *et al.*Title: SYSTEM AND METHOD FOR
EMERGENCY CALL CHANNEL
ALLOCATION

Group Art Unit: unassigned

Examiner: unassigned

LETTER TO OFFICIAL DRAFTSPERSON
SUBMISSION OF FORMAL DRAWINGSThe Assistant Commissioner for Patents
Washington, DC 20231
ATTN: Official Draftsperson

Dear Sir or Madam:

Attached please find 6 sheets of formal drawings to be made of record for the above
identified patent application submitted herewith.

Respectfully Submitted,

May 24, 1999
Date
Dov Rosenfeld, Reg. No. 38687

Address for correspondence and attorney for applicant(s):

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